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DEC 10 2001

PTO/SB/05 (4/98)

Approved for use through 09/30/2000, OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCEPlease type a plus sign (+) inside this box → 

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 4573.US.C6

First Inventor or Application Identifier Jeffrey C. Hunt

Title Mouse Monoclonal Antibody (5-21-3) to Human Immunodeficiency Virus GP41 Protein

Express Mail Label No. EL507386035US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Specification [Total Pages 41]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3.  Drawing(s) (35 U.S.C. 113) [Total Sheets 6]
4. Oath or Declaration [Total Pages 2]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
    - i.  DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

\* NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

5.  Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a.  Computer Readable Copy
  - b.  Paper Copy (identical to computer copy)
  - c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

7.  Assignment Papers (cover sheet & document(s))
8.  37 C.F.R. § 3.73(b) Statement  Power of (when there is an assignee)  Attorney
9.  English Translation Document (if applicable)
10.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
11.  Preliminary Amendment
12.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13.  \* Small Entity Statement(s)  Statement filed in prior application (PTO/SB/09-12)  Status still proper and desired
14.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15.  Other: Request for 3-Month Extension of Time

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation  Divisional  Continuation-in-part (CIP)

of prior application No: 08/856,155

Prior application information: Examiner Brumback, B.

Group / Art Unit: 1642

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below			
Name	Cheryl L. Becker				
Address	Abbott Laboratories D-377, AP6D 100 Abbott Park Road				
City	Abbott Park	State	IL	Zip Code	60064
Country		Telephone	847-938-3137	Fax	847-938-2623

Name (Print/Type)	Cheryl L. Becker	Registration No. (Attorney/Agent)	35,441
Signature	Cheryl L. Becker	Date	35 441

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL

## for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 1,846.00)

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	Jeffrey C. Hunt
Examiner Name	B. Brumback
Group / Art Unit	1642
Attorney Docket No.	4573.US.C6

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-0025

Deposit Account Name Abbott Laboratories

 Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2.  Payment Enclosed:  
 Check     Money Order     Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 690	201 345	Utility filing fee	740.00
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 690	208 345	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$ 740.00)

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
21	-20** = 1	x 18	= 18
Independent 5	- 3** = 2	x 84	= 168
Claims			= 0
Multiple Dependent			

\*\*or number previously paid, if greater; For Reissues, see below

## Large Entity Fee Code (\$)

Small Entity Fee Code (\$)	Fee Description
103 18	203 9      Claims in excess of 20
102 78	202 39     Independent claims in excess of 3
104 260	204 130    Multiple dependent claim, if not paid
109 78	209 39     ** Reissue independent claims over original patent
110 18	210 9      ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 186.00)

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet.	0.00
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 380	216 190	Extension for reply within second month	
117 870	217 435	Extension for reply within third month	
118 1,360	218 680	Extension for reply within fourth month	
128 1,850	228 925	Extension for reply within fifth month	
119 300	219 150	Notice of Appeal	
120 300	220 150	Filing a brief in support of an appeal	
121 260	221 130	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,210	241 605	Petition to revive - unintentional	
142 1,210	242 605	Utility issue fee (or reissue)	
143 430	243 215	Design issue fee	0.00
144 580	244 290	Plant issue fee	0.00
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	0.00
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 690	246 345	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 690	249 345	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

SUBTOTAL (3) (\$ 920.00)

Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Cheryl L. Becker	Registration No. (Attorney/Agent)	35,441	Telephone 847-938-3137
Signature	<i>Cheryl L. Becker</i>			

## WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: J.C. Hunt, et al.

Serial No.: Continuation of prior application No. 08/856,155, Examiner B. Brumback, Group /Art Unit 1642

File No. of prior application: 4573.US.C5

Filed:

For: MOUSE MONOCLONAL ANTIBODY (5-21-3) TO HUMAN IMMUNODEFICIENCY VIRUS GP41 PROTEIN

Case No.: 4573.US.C6

Date: November 19, 2001

EXPRESS MAIL NO.: EL507386035US

Certificate of Mailing under 37 CFR §1.10:

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service as Express Mail Post Office to Addressee Service with sufficient postage in an envelope addressed to:

Assistant Commissioner for Patents  
Washington, D.C. 20231

on November 19, 2001

Name of person signing  
this certificate: Kimberly A. Iorio

Signature:

TRANSMITTAL LETTER

Assistant Commissioner for Patents  
Washington D.C. 20231

Dear Sir:

Enclosed herewith is the Utility Patent Application Transmittal Letter of Jeffrey C. Hunt, et al., for MOUSE MONOCLONAL ANTIBODY (5-21-3) TO HUMAN IMMUNODEFICIENCY VIRUS GP41 PROTEIN.

Also enclosed are:

- Fee Transmittal, in duplicate (1 Page)
- Copy of Original Specification, Claims and Abstract (41 Pages)
- Copy of Drawings/Figures (6 Pages)
- Copy of Original Executed Declaration and Power of Attorney (2 Pages)
- Copy of Original Assignment (1 Page)
- Request for Three-Month Extension of Time, in duplicate
- Two Return Receipt Postcards

The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.17 concerning this transaction, or to credit any overpayment, to Deposit Account No. 01-0025.

A duplicate copy of this sheet is enclosed.

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Dept. 377/AP6D-2  
100 Abbott Park Road  
Abbott Park, IL 60064-6050  
Tel. No. (847) 938-3137  
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Respectfully submitted,  
J.C. Hunt, et al.

Cheryl L. Becker  
Registration No. 35,441  
Attorney for Applicant(s)